

GROUP HEALTH INSURANCE SUMMARY - December 1, 2022
PREPARED FOR BUTTERNUT SCHOOL DISTRICT
CURRENT CENSUS: 28 INSURED (9 EMP, 9 E/S, 1 E/C, 9 FAM)

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	NON-ACA				
	Current Plan	ACA	ACA	ACA	ACA
PLAN OPTIONS	<i>Security Health plan</i>	<i>Security Health plan</i>	<i>Anthem</i>	<i>UHC</i>	<i>WPS</i>
PLAN NAME	4030 HDHP	Traditions \$7000 HDHP	5NNX	CPTQ /K62Y	HSA \$5,500
DEDUCTIBLE	\$5000 Single \$10000 Family	\$7000 Single \$14000 Family	\$5000 Single \$10000 Family	\$5000 Single \$10000 Family	\$5500 Single \$11000 Family
NUMBER OF DEDUCTIBLES PER FAMILY	2	2	2	2	2
COINSURANCE - Innetwork/Out-of-Network	100/80	100/0	100/50	100/80	100/70
OUT-OF-POCKET MAX (COINSURANCE+DEDUCTIBLE)	\$5000 Single \$10000 Family	\$7000 Single \$14000 Family	\$6000 Single \$12000 Family	\$6500 Single \$13000 Family	\$5500 Single \$11000 Family
Office Copay	Deductible then 100%	Deductible then 100%	Deductible + \$20/\$60	Deductible + \$30/\$60	Deductible then 100%
LAB/XRAY INCLUDED IN OFFICE COPAY?	Deductible then 100%	Deductible then 100%	Deductible + \$80/\$500	Deductible then 100%	Deductible then 100%
E.R. COPAY	Deductible then 100%	Deductible then 100%	Deductible + \$300	Deductible + \$500	Deductible then 100%
PRESCRIPTION COPAY	Deductible then 100%	Deductible then 100%	Deductible + \$15/\$50/\$90/25%	Deductible + \$15/\$50/\$90/25%	Deductible then 100%
RATES: Single (10) E/S (7) E/C (1) Family (10)	\$756.20 \$1,512.38 \$1,512.38 \$2,268.57	Age Rated	Age Rated	Age Rated	Age Rated
Network Provider	POS	HMO	Blue Preferred	Blue Preferred	Statewide
December 1, 2022 Premium	\$37,809.44	\$44,963.54	\$48,974.05	\$48,781.14	\$54,755.97
Monthly Difference	(\$3,361.85)	(\$10,515.95)	(\$14,526.46)	(\$14,333.55)	(\$20,308.38)
Annual Difference	(\$40,342.20)	(\$126,191.40)	(\$174,317.52)	(\$172,002.60)	(\$243,700.56)
Current Premium	\$34,447.59				
Rate increase 2022	9.76%				
Rate increase 2021	10.32%				
Rate increase 2020	2.80%				
Rate increase 2019	4.74%				



BUTTERNUT SCHOOL DISTRICT

